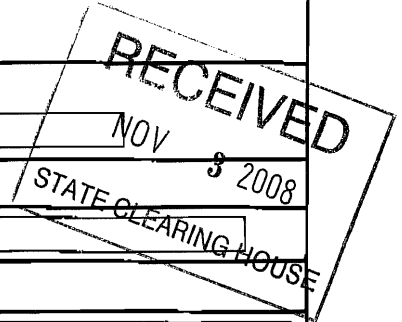


# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

| Application for Federal Assistance SF-424   |  | Version 02  |
|---|--|---|
| <b>* 1. Type of Submission:</b><br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application |  | <b>* 2. Type of Application:</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision |
| <b>* If Revision, select appropriate letter(s):</b><br>[ ]  |  | <b>* Other (Specify):</b><br>[ ]  |
| <b>* 3. Date Received:</b><br>Completed by Grants.gov upon submission.  |  | <b>4. Applicant Identifier:</b><br>[ ]  |
| <b>5a. Federal Entity Identifier:</b><br>[ ]  |  | <b>* 5b. Federal Award Identifier:</b><br>[ ]   |
| <b>State Use Only:</b>  |  |   |
| <b>6. Date Received by State:</b> [ ]   |  | <b>7. State Application Identifier:</b> [ ]   |
| <b>8. APPLICANT INFORMATION:</b>  |  |   |
| <b>* a. Legal Name:</b> Dominican University of California  |  |   |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>94-1156525  |  | <b>* c. Organizational DUNS:</b><br>074664855   |
| <b>d. Address:</b>  |  |   |
| <b>* Street1:</b> 50 Acacia Avenue  |  |   |
| <b>Street2:</b> [ ]   |  |   |
| <b>* City:</b> San Rafael   |  |   |
| <b>County:</b> Marin  |  |   |
| <b>* State:</b> CA: California  |  |   |
| <b>Province:</b> [ ]  |  |   |
| <b>* Country:</b> USA: UNITED STATES  |  |   |
| <b>* Zip / Postal Code:</b> 94901-2298  |  |   |
| <b>e. Organizational Unit:</b>  |  |   |
| <b>Department Name:</b><br>Natural Sciences & Mathematics   |  | <b>Division Name:</b><br>[ ]  |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>   |  |   |
| <b>Prefix:</b> Mr.  |  | <b>* First Name:</b> Julia  |
| <b>Middle Name:</b> [ ]   |  |   |
| <b>* Last Name:</b> Arno  |  |   |
| <b>Suffix:</b> [ ]  |  |   |
| <b>Title:</b> Director, Research & Sponsored Programs   |  |   |
| <b>Organizational Affiliation:</b><br>Dominican University of California  |  |   |
| <b>* Telephone Number:</b> 415-257-0141   |  | <b>Fax Number:</b> 415-257-0162   |
| <b>* Email:</b> julia.arno@dominican.edu  |  |   |



OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

0: Private Institution of Higher Education

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.463

## CFDA Title:

Habitat Conservation

## \* 12. Funding Opportunity Number:

NMFS-HCPO-2009-2001494

## \* Title:

NOAA General Coral Reef Conservation Grants Program

## 13. Competition Identification Number:

2119910

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

The fieldwork will be conducted in Region 9. The outcome of this research could impact all regions with ocean coral reef habitats.

## \* 15. Descriptive Title of Applicant's Project:

This is a pilot project to develop a small to medium scale management tool that would utilize NOAA's Coral Reef Watch (CRW)-Satellite Bleaching Alert (SBA) system to reduce coral bleaching events.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

|   |   |   |
|---|---|---|
| <b>Application for Federal Assistance SF-424</b>  |   | <b>Version 02</b>   |
| <b>16. Congressional Districts Of:</b>  |   |   |
| * a. Applicant  | <input type="text" value="06"/>                                       | * b. Program/Project <input type="text" value="06,01"/>   |
| Attach an additional list of Program/Project Congressional Districts if needed.   |   |   |
| <input type="text"/>  | <input type="button" value="Add Attachment"/>                         | <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> |
| <b>17. Proposed Project:</b>  |   |   |
| * a. Start Date:  | <input type="text" value="08/01/2009"/>                               | * b. End Date: <input type="text" value="02/01/2011"/>  |
| <b>18. Estimated Funding (\$):</b>  |   |   |
| * a. Federal  | <input type="text" value="50,000.00"/>                                |   |
| * b. Applicant  | <input type="text" value="82,877.00"/>                                |   |
| * c. State  | <input type="text" value="0.00"/>                                     |   |
| * d. Local  | <input type="text" value="0.00"/>                                     |   |
| * e. Other  | <input type="text" value="0.00"/>                                     |   |
| * f. Program Income   | <input type="text" value="0.00"/>                                     |   |
| * g. TOTAL  | <input type="text" value="132,877.00"/>                               |   |
| <b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>   |   |   |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on   |   | <input type="text" value="10/30/2008"/>   |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.   |   |   |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372.   |   |   |
| <b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>  |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input type="text" value="Explanation"/>  |
| <b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b> |   |   |
| <input checked="" type="checkbox"/> ** I AGREE  |   |   |
| ** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   |   |   |
| <b>Authorized Representative:</b>   |   |   |
| Prefix:   | <input type="text" value="Ms."/>                                      | * First Name: <input type="text" value="Julia"/>  |
| Middle Name:  | <input type="text"/>  |   |
| * Last Name:  | <input type="text" value="Arno"/>                                     |   |
| Suffix:   | <input type="text"/>  |   |
| * Title:  | <input type="text" value="Dir. Research and Sponsored Programs"/>     |   |
| * Telephone Number:   | <input type="text" value="415-257-0141"/>                             | Fax Number: <input type="text" value="415-257-0162"/>   |
| * Email:  | <input type="text" value="julia.arno@dominican.edu"/>                 |   |
| * Signature of Authorized Representative:   | <input type="text" value="Completed by Grants.gov upon submission."/> | * Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>            |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102



## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Funding Request<br><input type="checkbox"/> Other<br><br>* Other (specify)<br><div></div> |  | <b>* 1.b. Frequency:</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Other<br><br>* Other (specify)<br><div></div> |   | <b>* 1.d. Version:</b><br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update |  |
|   |  | <b>* 2. Date Received:</b><br>Completed by Grants.gov upon submission.   |   | <b>STATE USE ONLY:</b>  |  |
|   |  | <b>3. Applicant Identifier:</b><br><div></div>   |   | <b>5. Date Received by State:</b><br><div></div>  |  |
|   |  | <b>4a. Federal Entity Identifier:</b><br><div></div>   |   | <b>6. State Application Identifier:</b><br><div></div>  |  |
|   |  | <b>4b. Federal Award Identifier:</b><br><div></div>  |   |   |  |
| <b>1.c. Consolidated Application/Plan/Funding Request?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <div></div>   |  |  |   |   |  |
| <b>7. APPLICANT INFORMATION:</b>  |  |  |   |   |  |
| <b>* a. Legal Name:</b><br>San Francisco Bay Area Rapid Transit District  |  |  |   |   |  |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>95-1552685  |  |  | <b>* c. Organizational DUNS:</b><br>047409107 |   |  |
| <b>d. Address:</b>  |  |  |   |   |  |
| <b>* Street1:</b><br>800 Madison Street   |  |  | <b>Street2:</b><br><div></div>                |   |  |
| <b>* City:</b><br>Oakland   |  |  | <b>County:</b><br><div></div>                 |   |  |
| <b>* State:</b><br>CA: California   |  |  | <b>Province:</b><br><div></div>               |   |  |
| <b>* Country:</b><br>USA: UNITED STATES   |  |  | <b>* Zip / Postal Code:</b><br>94607-4730     |   |  |
| <b>e. Organizational Unit:</b>  |  |  |   |   |  |
| <b>Department Name:</b><br>Grant Development  |  |  | <b>Division Name:</b><br><div></div>          |   |  |
| <b>f. Name and contact information of person to be contacted on matters involving this submission:</b>  |  |  |   |   |  |
| <b>Prefix:</b><br>Mr.   |  | <b>* First Name:</b><br>Alan   |   | <b>Middle Name:</b><br>Ernest   |  |
| <b>* Last Name:</b><br>Lee  |  |  | <b>Suffix:</b><br><div></div>                 |   |  |
| <b>Title:</b> Principal Financial Analyst   |  |  |   |   |  |
| <b>Organizational Affiliation:</b><br><div></div>   |  |  |   |   |  |
| <b>* Telephone Number:</b> 510-464-6121   |  |  | <b>Fax Number:</b> 510-464-7673               |   |  |
| <b>* Email:</b> ALee1@bart.gov  |  |  |   |   |  |

GRANTS.GOV

## Grant Application Package

|                                |  |
|--------------------------------|--|
| <b>Opportunity Title:</b>      | Transit Greenhouse Gas Emissions Management Compendium   |
| <b>Offering Agency:</b>        | DOT/Federal Transit Administration   |
| <b>CFDA Number:</b>            | 20.514   |
| <b>CFDA Description:</b>       | Public Transportation Research   |
| <b>Opportunity Number:</b>     | D2008-GHG-TRI  |
| <b>Competition ID:</b>         | D2008-GHG-TRI  |
| <b>Opportunity Open Date:</b>  | 09/16/2008   |
| <b>Opportunity Close Date:</b> | 11/03/2008   |
| <b>Agency Contact:</b>         | Jarrett Stoltzfus; 202-493-0361<br>Transportation Program Specialist<br>Federal Transit Administration<br>Office of Technology<br>1200 New Jersey Ave., SE<br>4th Floor - East Building - Rm E43-436 |

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application, and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: BART Greenhouse Gas Emissions Mgmt Proj

## Mandatory Documents

|  |
|--|
|  |
|--|

Move Form to Complete

Move Form to Delete

## Mandatory Documents for Submission

|  |
|--|
|  |
|--|

## Optional Documents

## Attachments

|  |
|--|
|  |
|--|

Move Form to Submission List

Move Form to Delete

## Optional Documents for Submission

|  |
|--|
|  |
|--|

## Instructions

- Enter a name for the application in the Application Filing Name field.
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- Click the "Save & Submit" button to submit your application to Grants.gov.
  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

|  |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
|--|------------------------------------|--|--|--|--|--|--|---------------------------------------|-------------------------------|------------------------|------------------------|----------------------------|--------------------------|------------------------------------|------------------------------------|--|--|--|--|----------------------------------|--------------------------|--|-------------------------|--|--|
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Funding Request<br><input type="checkbox"/> Other<br>* Other (specify)<br><div></div>  |                                    | <b>* 1.b. Frequency:</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Other<br>* Other (specify)<br><div></div> |  | <b>* 1.d. Version:</b><br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update<br><b>* 2. Date Received:</b><br><div>Completed by Grants.gov upon submission.</div> |  | <b>STATE USE ONLY:</b><br><b>3. Applicant Identifier:</b><br><div></div> |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
|  |                                    |  |  | <b>5. Date Received by State:</b><br><div></div>   |  | <b>6. State Application Identifier:</b><br><div></div>                   |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
|  |                                    |  |  | <b>4a. Federal Entity Identifier:</b><br><div></div>   |  | <b>4b. Federal Award Identifier:</b><br><div></div>                      |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>1.c. Consolidated Application/Plan/Funding Request?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>7. APPLICANT INFORMATION:</b>   |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>* a. Legal Name:</b><br><div>San Francisco Bay Area Rapid Transit District</div>  |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br><div>95-1552685</div>  |                                    |  |  | <b>* c. Organizational DUNS:</b><br><div>047409107</div>   |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>d. Address:</b><br><table border="1"> <tr> <td>* Street1:<br/>800 Madison Street</td> <td>Street2:<br/><div></div></td> </tr> <tr> <td>* City:<br/>Oakland</td> <td>County:<br/><div></div></td> </tr> <tr> <td>* State:<br/>CA: California</td> <td>Province:<br/><div></div></td> </tr> <tr> <td>* Country:<br/>USA: UNITED STATES</td> <td>* Zip / Postal Code:<br/>94607-4730</td> </tr> </table>   |                                    |  |  |  |  |  |  | * Street1:<br>800 Madison Street      | Street2:<br><div></div>       | * City:<br>Oakland     | County:<br><div></div> | * State:<br>CA: California | Province:<br><div></div> | * Country:<br>USA: UNITED STATES   | * Zip / Postal Code:<br>94607-4730 |  |  |  |  |                                  |                          |  |                         |  |  |
| * Street1:<br>800 Madison Street   | Street2:<br><div></div>            |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| * City:<br>Oakland   | County:<br><div></div>             |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| * State:<br>CA: California   | Province:<br><div></div>           |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| * Country:<br>USA: UNITED STATES   | * Zip / Postal Code:<br>94607-4730 |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>e. Organizational Unit:</b><br><table border="1"> <tr> <td>Department Name:<br/>Grant Development</td> <td>Division Name:<br/><div></div></td> </tr> </table>   |                                    |  |  |  |  |  |  | Department Name:<br>Grant Development | Division Name:<br><div></div> |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| Department Name:<br>Grant Development  | Division Name:<br><div></div>      |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| <b>f. Name and contact information of person to be contacted on matters involving this submission:</b><br><table border="1"> <tr> <td>Prefix:<br/>Mr.</td> <td>* First Name:<br/>Alan</td> <td>Middle Name:<br/>Ernest</td> </tr> <tr> <td>* Last Name:<br/>Lee</td> <td colspan="2">Suffix:<br/><div></div></td> </tr> <tr> <td colspan="3">Title: Principal Financial Analyst</td> </tr> <tr> <td colspan="3">Organizational Affiliation:<br/><div></div></td> </tr> <tr> <td>* Telephone Number: 510-464-6121</td> <td colspan="2">Fax Number: 510-464-7673</td> </tr> <tr> <td colspan="3">* Email: ALee1@bart.gov</td> </tr> </table> |                                    |  |  |  |  |  |  | Prefix:<br>Mr.                        | * First Name:<br>Alan         | Middle Name:<br>Ernest | * Last Name:<br>Lee    | Suffix:<br><div></div>     |                          | Title: Principal Financial Analyst |                                    |  | Organizational Affiliation:<br><div></div> |  |  | * Telephone Number: 510-464-6121 | Fax Number: 510-464-7673 |  | * Email: ALee1@bart.gov |  |  |
| Prefix:<br>Mr.   | * First Name:<br>Alan              | Middle Name:<br>Ernest   |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| * Last Name:<br>Lee  | Suffix:<br><div></div>             |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| Title: Principal Financial Analyst   |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| Organizational Affiliation:<br><div></div>   |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| * Telephone Number: 510-464-6121   | Fax Number: 510-464-7673           |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |
| * Email: ALee1@bart.gov  |                                    |  |  |  |  |  |  |                                       |                               |                        |                        |                            |                          |                                    |                                    |  |  |  |  |                                  |                          |  |                         |  |  |

| <b>APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY</b>  |   | Version 01.1 |
|---|---|--------------|
| <b>* 8a. TYPE OF APPLICANT:</b>   |   |              |
| <div style="border: 1px solid black; text-align: center; padding: 2px;">D: Special District Government</div>  |   |              |
| <b>* Other (specify):</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |   |              |
| <b>b. Additional Description:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |   |              |
| <b>* 9. Name of Federal Agency:</b><br><div style="border: 1px solid black; padding: 2px;">DOT/Federal Transit Administration</div>   |   |              |
| <b>10. Catalog of Federal Domestic Assistance Number:</b><br><div style="border: 1px solid black; padding: 2px;">20.514</div><br><b>CFDA Title:</b><br><div style="border: 1px solid black; padding: 2px;">Public Transportation Research</div>   |   |              |
| <b>11. Areas Affected by Funding:</b><br><div style="border: 1px solid black; padding: 2px;">Counties: Alameda, Contra Costa, San Francisco, San Mateo</div>  |   |              |
| <b>12. CONGRESSIONAL DISTRICTS OF:</b>  |   |              |
| <b>* a. Applicant:</b><br><div style="border: 1px solid black; padding: 2px;">7, 8, 9,</div>  | <b>b. Program/Project:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |              |
| Attach an additional list of Program/Project Congressional Districts if needed.<br><div style="display: flex; align-items: center; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">districts.doc</div><div style="border: 1px solid black; padding: 2px;">Data Attached</div><div style="border: 1px solid black; padding: 2px;">Data Attached</div><div style="border: 1px solid black; padding: 2px;">View Submitted</div></div>  |   |              |
| <b>13. FUNDING PERIOD:</b>  |   |              |
| <b>a. Start Date:</b><br><div style="border: 1px solid black; padding: 2px;">11/03/2008</div>   | <b>b. End Date:</b><br><div style="border: 1px solid black; padding: 2px;">11/03/2009</div>           |              |
| <b>14. ESTIMATED FUNDING:</b>   |   |              |
| <b>* a. Federal (\$):</b><br><div style="border: 1px solid black; padding: 2px;">175,000.00</div>   | <b>b. Match (\$):</b><br><div style="border: 1px solid black; padding: 2px;">140,000.00</div>         |              |
| <b>* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>  |   |              |
| <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> a. This submission was made available to the State under the Executive Order 12372 Process for review on:<br/><input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by State for review.<br/><input type="checkbox"/> c. Program is not covered by E.O. 12372.</div><div style="border: 1px solid black; padding: 2px; width: 150px;">11/03/2008</div></div> |   |              |

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

## \* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)

\*\* I Agree ☒

\*\* This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

Ms.

\* First Name:

Dorthy

Middle Name:

\* Last Name:

Dugger

Suffix:

\* Title:

General Manager

Organizational Affiliation:

\* Telephone Number:

510-464-6060

\* Fax Number:

510-464-5009

\* Email:

ddugger@bart.gov

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

|  |  |   |                              |
|--|--|---|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b>                  | Applicant Identifier         |
| <b>Pre-application</b><br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction            |  | <b>3. DATE RECEIVED BY STATE</b>          | State Application Identifier |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Federal Identifier           |

|                                      |   |
|--------------------------------------|---|
| <b>5. APPLICANT INFORMATION</b>      |   |
| Legal Name:                          | Organizational Unit:  |
| County Service Area 29               | Department:<br>County of San Bernardino, Special Districts Department   |
| Organizational DUNS:                 | Division:<br>Water and Sanitation   |
| <b>Address:</b>                      | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> |
| Street:                              | Prefix:   |
| 157 West Fifth Street, 2nd floor     | First Name:<br>James  |
| City:<br>San Bernardino              | Middle Name:<br>Albert  |
| County:<br>San Bernardino            | Last Name:<br>Oravets   |
| State:<br>CA                         | Suffix:   |
| Zip Code:<br>92415-0450              | Email:<br>joravets@sdd.sbcounty.gov   |
| Country:<br>United States of America |   |

|  |  |   |                  |
|--|--|---|------------------|
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  |  | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)   |                  |
| 95-6002748   |  | G. Special District - Governed by County Board of Supervisors   |                  |
|  |  | Other (specify)   |                  |
| <b>8. TYPE OF APPLICATION:</b>   |  | <b>9. NAME OF FEDERAL AGENCY:</b>   |                  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)   |  |   |                  |
| Other (specify)  |  |   |                  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  |                  |
| 10-760   |  | Consolidation of Lucerne Valley Water Systems   |                  |
| TITLE (Name of Program):<br>Water and Waste Disposal Loan and Grant Program  |  |   |                  |
| <b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):   |  |   |                  |
| Lucerne Valley Community   |  |   |                  |
| <b>13. PROPOSED PROJECT</b>  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b>  |                  |
| Start Date:<br>Spring 2009   | Ending Date:<br>Spring 2012                            | a. Applicant<br>25, 26, 41, 42, 43  | b. Project<br>41 |
| <b>15. ESTIMATED FUNDING:</b>  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>   |                  |
| a. Federal   | \$ 991,920.00  | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON |                  |
| b. Applicant   | \$ 40,900.00   | DATE:   |                  |
| c. State   | \$ 3,700,000.00  | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                  |
| d. Local   | \$ .00   | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                  |
| e. Other   | \$ .00   | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>   |                  |
| f. Program Income  | \$ .00   | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                  |
| g. TOTAL   | \$ 4,732,820.00  |   |                  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |  |   |                  |
| <b>a. Authorized Representative</b>  |  |   |                  |
| Prefix   | First Name<br>James                                    | Middle Name<br>Albert   |                  |
| Last Name<br>Oravets   | Suffix   |   |                  |
| b. Title<br>Division Manager   | c. Telephone Number (give area code)<br>(909) 387-5940 |   |                  |
| d. Signature of Authorized Representative  | e. Date Signed   |   | 10/30/08         |

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

10/31/2008

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

**RECEIVED**  
NOV 05 2008  
STATE CLEARING HOUSE

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

\* a. Legal Name: Resource Conservation District of Santa Cruz County (RCDSCC)

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000-534

## \* c. Organizational DUNS:

146209874

## d. Address:

## \* Street1:

820 Bay Ave, Suite 128

## Street2:

## \* City:

Capitola

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

95010

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

## \* First Name:

Jennifer

## Middle Name:

## \* Last Name:

Stern

## Suffix:

## Title:

Project Manager

## Organizational Affiliation:

## \* Telephone Number:

(831) 464-2950 ext. 24

## Fax Number:

(831) 475-3215

## \* Email:

jstern@rcdscrcruz.org

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.463

## CFDA Title:

Habitat Conservation

## \* 12. Funding Opportunity Number:

NMF9-HCFO-2009-2001496

## \* Title:

FY 2009 Open Rivers Initiative

## 13. Competition Identification Number:

2119945

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

Removal of fish barrier through the replacement of a culvert acting as an impediment to anadromous fish, with a bridge designed to allow fish passage during all seasons.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 14, 17

\* b. Program/Project 14, 17

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 06/15/2009

\* b. End Date: 10/15/2009

## 18. Estimated Funding (\$):

|                     |            |
|---------------------|------------|
| * a. Federal        | 204,284.00 |
| * b. Applicant      | 0.00       |
| * c. State          | 357,125.00 |
| * d. Local          | 0.00       |
| * e. Other          | 0.00       |
| * f. Program Income | 0.00       |
| * g. TOTAL          | 561,409.00 |

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/31/2008.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: \* First Name: Karl  
Middle Name:  
\* Last Name: Fieberling  
Suffix:

\* Title: Program Assistant

\* Telephone Number: (831) 464-2950 ext. 13 Fax Number:

\* Email: kfieberling@rcdsantacruz.org

\* Signature of Authorized Representative: Karl Fieberling \* Date Signed: 10/31/2008

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

| Application for Federal Assistance SF-424   |  |   | Version 02  |   |
|---|--|---|---|---|
| <b>* 1. Type of Submission:</b><br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application |  |   | <b>* 2. Type of Application:</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision | <b>* If Revision, select appropriate letter(s):</b><br><div style="border: 1px solid black; height: 15px; width: 100%;"></div><br><b>* Other (Specify)</b><br><div style="border: 1px solid black; height: 15px; width: 100%;"></div> |
| <b>* 3. Date Received:</b><br><div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div>  |  | <b>4. Applicant Identifier:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>        |   | <div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;">RECEIVED<br/>NOV 07 2008<br/>STATE CLEARING HOUSE</div>  |
| <b>5a. Federal Entity Identifier:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  | <b>* 5b. Federal Award Identifier:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |   |
| <b>State Use Only:</b>  |  |   |   |   |
| <b>6. Date Received by State:</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>  |  | <b>7. State Application Identifier:</b> <div style="border: 1px solid black; width: 200px; height: 20px;"></div>  |   |   |
| <b>B. APPLICANT INFORMATION:</b>  |  |   |   |   |
| <b>* a. Legal Name:</b> <div style="border: 1px solid black; padding: 2px;">The Regents of the University of California</div>   |  |   |   |   |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br><div style="border: 1px solid black; padding: 2px;">95-2226406</div>  |  | <b>* c. Organizational DUNS:</b><br><div style="border: 1px solid black; padding: 2px;">046705849</div>           |   |   |
| <b>d. Address:</b>  |  |   |   |   |
| <b>* Street1:</b> <div style="border: 1px solid black; padding: 2px;">300 University Tower</div>  |  |   |   |   |
| <b>Street2:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  |   |   |   |
| <b>* City:</b> <div style="border: 1px solid black; padding: 2px;">Irvine</div>   |  |   |   |   |
| <b>County:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  |   |   |   |
| <b>* State:</b> <div style="border: 1px solid black; padding: 2px;">CA: California</div>  |  |   |   |   |
| <b>Province:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  |   |   |   |
| <b>* Country:</b> <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>  |  |   |   |   |
| <b>* Zip / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">92697</div>   |  |   |   |   |
| <b>e. Organizational Unit:</b>  |  |   |   |   |
| <b>Department Name:</b><br><div style="border: 1px solid black; padding: 2px;">Office Research Administration</div>   |  | <b>Division Name:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                  |   |   |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>   |  |   |   |   |
| <b>Prefix:</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>   |  | <b>* First Name:</b> <div style="border: 1px solid black; padding: 2px;">Amy</div>                                |   |   |
| <b>Middle Name:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  |   |   |   |
| <b>* Last Name:</b> <div style="border: 1px solid black; padding: 2px;">Kimble</div>  |  |   |   |   |
| <b>Suffix:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  |   |   |   |
| <b>Title:</b> <div style="border: 1px solid black; padding: 2px;">Contracts and Grants Officer</div>  |  |   |   |   |
| <b>Organizational Affiliation:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  |   |   |   |
| <b>* Telephone Number:</b> <div style="border: 1px solid black; padding: 2px;">(949) 824-8634</div>   |  | <b>Fax Number:</b> <div style="border: 1px solid black; padding: 2px;">(949) 824-2094</div>                       |   |   |
| <b>* Email:</b> <div style="border: 1px solid black; padding: 2px;">akimble@uci.edu</div>   |  |   |   |   |

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.420

## CFDA Title:

Coastal Zone Management Estuarine Research Reserves

## \* 12. Funding Opportunity Number:

NOS-OCRM-2009-2001452

## \* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY09

## 13. Competition Identification Number:

2118581

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Tijuana River National Estuarine Research Reserve, Imperial Beach, San Diego County, CA; Padilla Bay National Estuarine Research Reserve, Skagit County, WA; Narragansett Bay National Estuarine Research Reserve, Prudence Island, Newport County, RI

## \* 15. Descriptive Title of Applicant's Project:

The effects of temporally variable nutrient influx on aquatic viral and host bacterial community dynamics in the Tijuana River Reserve

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

CA-048

\* b. Program/Project

CA-053

Attach an additional list of Program/Project Congressional Districts if needed.

CongressionalDist.pdf

Print

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date:

06/01/2009

\* b. End Date:

05/31/2012

## 18. Estimated Funding (\$):

|                     |           |
|---------------------|-----------|
| * a. Federal        | 60,000.00 |
| * b. Applicant      | 35,236.30 |
| * c. State          | 0.00      |
| * d. Local          | 0.00      |
| * e. Other          | 0.00      |
| * f. Program Income | 0.00      |
| * g. TOTAL          | 95,236.30 |

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

11/01/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes" provide explanation.)

☐ Yes☐ No

NO DELINQUENT

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☐ I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

\* First Name: Amy

Middle Name:

\* Last Name: Kimble

Suffix:

\* Title:

Contracts and Grants Officer

\* Telephone Number:

(949) 824-8634

Fax Number:

(949) 824-2094

\* Email:

akimble@uci.edu

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☒ Preapplication  
☐ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

USDA SWMP FY2008

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Resighini Rancheria

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2482661

\* c. Organizational DUNS:

070-915-269

d. Address:

\* Street1: 158 East Klamath Beach Road

Street2: P.O. Box 529

\* City: Klamath

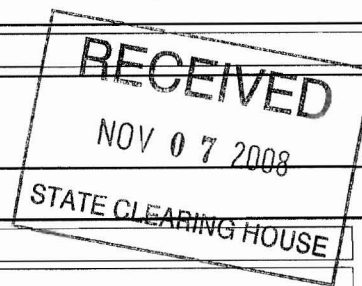
County: Del Norte

\* State: California

Province:

\* Country: USA

\* Zip / Postal Code: 95548-0529



e. Organizational Unit:

Department Name:

Resighini Environmental Protection Authority

Division Name:

Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

\* First Name: Robert

Middle Name: Charles

\* Last Name: Cozens

Suffix:

II

Title: Director, REPA

Organizational Affiliation:

\* Telephone Number: 707 482-3413

Fax Number: 707 482-1530

\* Email: ResighiniEPA@hughes.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

J-Native American Tribal Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S. Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Systems for Rural Communities

\* 12. Funding Opportunity Number:

10.760

\* Title:

Water and Waste Disposal Systems for Rural Communities

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Klamath, Del Norte County, California

\* 15. Descriptive Title of Applicant's Project:

Solid Waste Management Activities: Rolling Stock Acquisition for Trash Pick Up and Patrol

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

|                     |  |
|---------------------|--|
| * a. Federal        | <input type="text" value="\$32,087.00"/> |
| * b. Applicant      | <input type="text"/>                     |
| * c. State          | <input type="text"/>                     |
| * d. Local          | <input type="text"/>                     |
| * e. Other          | <input type="text"/>                     |
| * f. Program Income | <input type="text"/>                     |
| * g. TOTAL          | <input type="text" value="\$32,087.00"/> |

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>OCTOBER 31, 2008 | Applicant Identifier         |
| Pre-application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                   |  | <b>3. DATE RECEIVED BY STATE</b>             | State Application Identifier |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>    | Federal Identifier           |

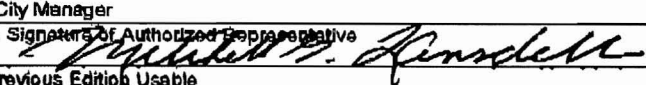
|   |    |   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
|---|----|---|------------|----|-----|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|-----|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>CITY OF COLFAX<br>Organizational DUNS:<br>Address:<br>Street:<br>33 So. MAIN STREET / P.O. BOX 702<br>City:<br>COLFAX<br>County:<br>PLACER<br>State:<br>CA<br>Zip Code:<br>95713<br>Country:<br>6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-6000313<br>8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify):<br>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>TITLE (Name of Program):<br>WATER & WASTEWATER DISPOSAL LOAN & GRANT<br>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>PROGRAM |    | <b>Organizational Unit:</b><br>Department:<br>Division:<br>Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix:<br>First Name:<br>JOAN<br>Middle Name:<br>L.<br>Last Name:<br>PHILLIPE<br>Suffix:<br>Email:<br>colfaxjp@foathill.net<br>Phone Number (give area code):<br>530-346-2313<br>Fax Number (give area code):<br>530-346-6214<br>7. TYPE OF APPLICANT: (See back of form for Application Types)<br>Other (specify):<br>9. NAME OF FEDERAL AGENCY:<br>USDA - RURAL DEVELOPMENT<br>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>• LIFT STATION IMPROVEMENTS/UPGRADES<br>• COLLECTION SYSTEM I & I REPAIR/REPLACEMENT<br>• LINING OF WWTP RESERVOIR POND<br>• FUNDS TO REDUCE SRF LOAN DEBT SERVICE ON NEW PLANT CONSTRUCTION<br>• PRIVATE LATERAL GRANT PROGRAM (SEE TRANSMITT. LETTER)<br>13. PROPOSED PROJECT<br>Start Date:<br>Ending Date:<br>14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant:<br>4TH - JOHN DOOLITTLE<br>b. Project:<br>4TH - JOHN DOOLITTLE<br>15. ESTIMATED FUNDING:<br>SEE ATTACHED<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>.00</td> </tr> </table> 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE:<br>b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW<br>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No<br>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.<br>a. Authorized Representative<br>Prefix:<br>First Name:<br>JOAN<br>Middle Name:<br>L.<br>Last Name:<br>PHILLIPE<br>b. Title:<br>CITY MANAGER<br>c. Telephone Number (give area code):<br>530-346-2313<br>d. Signature of Authorized Representative:<br>Joan S. Phillipe<br>e. Date Signed:<br>October 31, 2008 | a. Federal | \$ | .00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$ | .00 |
| a. Federal  | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
| b. Applicant  | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
| c. State  | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
| d. Local  | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
| e. Other  | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
| f. Program Income   | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |
| g. TOTAL  | \$ | .00   |            |    |     |              |    |     |          |    |     |          |    |     |          |    |     |                   |    |     |          |    |     |

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|  |                        |  |                              |   |
|--|------------------------|--|------------------------------|---|
| 1. TYPE OF SUBMISSION:<br>Application  |                        | 2. DATE SUBMITTED<br>11/14/08  | Applicant Identifier         |   |
| <input type="checkbox"/> Construction  |                        | 3. DATE RECEIVED BY STATE<br>11/10/08  | State Application Identifier |   |
| <input checked="" type="checkbox"/> Non-Construction   |                        | 4. DATE RECEIVED BY FEDERAL AGENCY<br>11/14/08   | Federal Identifier           |   |
| 5. APPLICANT INFORMATION   |                        |  |                              |   |
| Legal Name:<br>City of Gardena   |                        | Organizational Unit:<br>Department:<br>Office of the City Manager  |                              |   |
| Organizational DUNS:<br>066-635-913  |                        | Division:<br>Economic Development  |                              |   |
| Address:<br>Street:<br>1700 West 162nd Street  |                        | Name and telephone number of person to be contacted on matters involving this application (give area code)   |                              |   |
| City:<br>Gardena   |                        | Prefix:<br>G.  | First Name:<br>Yvonne        |   |
| County:<br>Los Angeles   |                        | Middle Name  |                              |   |
| State:<br>CA   |                        | Last Name:<br>Mallory  |                              |   |
| Zip Code:<br>90247-3778  |                        | Suffix:  |                              |   |
| Country:<br>USA  |                        | Email:<br>ymallory@d.gardena.ca.us   |                              |   |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>95-6000713   |                        | Phone Number (give area code)<br>(310) 217-9533  |                              | Fax Number (give area code)<br>(310) 217-9694 |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> |                        | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>C. Municipal<br>Other (specify)  |                              |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>66-818   |                        | 9. NAME OF FEDERAL AGENCY:<br>U.S. Environmental Protection Agency   |                              |   |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Gardena   |                        | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Gardena Community-Wide Brownfields Assessment Grant for Petroleum and Hazardous Substances Sites                                  |                              |   |
| 13. PROPOSED PROJECT<br>Start Date:<br>07/01/2009<br>Ending Date:<br>06/30/2011  |                        | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>District 35<br>b. Project<br>District 35  |                              |   |
| 15. ESTIMATED FUNDING:   |                        | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |                              |   |
| a. Federal   | \$ 400,000.00          | a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: November 10, 2008 |                              |   |
| b. Applicant   | \$ .00                 | b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |                              |   |
| c. State   | \$ .00                 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                              |   |
| d. Local   | \$ .00                 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |                              |   |
| e. Other   | \$ .00                 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |                              |   |
| f. Program Income  | \$ .00                 |  |                              |   |
| g. TOTAL   | \$ 400,000.00          |  |                              |   |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  |                        |  |                              |   |
| a. Authorized Representative   |                        |  |                              |   |
| Prefix   | First Name<br>Mitchell | Middle Name<br>G.  |                              |   |
| Last Name<br>Lansdell  |                        | Suffix   |                              |   |
| b. Title<br>City Manager   |                        | c. Telephone Number (give area code)<br>(310) 217-9505   |                              |   |
| d. Signature of Authorized Representative<br>   |                        | e. Date Signed<br>11/10/08   |                              |   |

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Prescribed by OMB Circular A-102

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****1. \* TYPE OF SUBMISSION**

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**2. DATE SUBMITTED**

11/20/2009

**App. Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 143364621

\* Legal Name: GLOBAL NANOSYSTEMS, INC.

Department:

Division:

\* Street1: 10327 MISSOURI AVENUE

Street2: 202

\* City: LOS ANGELES

County: LOS ANGELES

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90025-6902

**RECEIVED**

NOV 12 2008

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

LIPING

REN

\* Phone Number: 310-277-3691

Fax Number: 310-277-3691

Email: LPREN@GLOBALNANOSYSTEMS.COM

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

65-1217077

**7. \* TYPE OF APPLICANT:**

R: Small Business

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

DEVELOPMENT OF HIGH POWER IGBT TECHNOLOGY FOR HIGH LEVEL RADIO FREQUENCY ACCELERATOR SYSTEMS

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

UNITED STATES

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

06/01/2009

02/28/2010

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

CA-030

US-all

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

LIPING

REN

Position/Title: CHIEF TECHNOLOGY OFFICER

\* Organization Name: GLOBAL NANOSYSTEMS, INC.

Department:

Division:

\* Street1: 10327 MISSOURI AVENUE

Street2: 202

\* City: LOS ANGELES

County: LOS ANGELES

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90025-6902

\* Phone Number: 310-277-3691

Fax Number: 310-277-3691

\* Email: LPREN@GLOBALNANOSYSTEMS.COM

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 99,594.00

b. \* Total Federal &amp; Non-Federal Funds 99,594.00

c. \* Estimated Program Income 4,743.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/10/2009

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: LIPING Middle Name: \* Last Name: REN Suffix:

\* Position/Title: CHIEF TECHNOLOGY OFFICER

\* Organization: GLOBAL NANOSYSTEMS, INC.

Department:

Division:

\* Street1: 10327 MISSOURI AVENUE

Street2: 202

\* City: LOS ANGELES

County: LOS ANGELES

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90025-6902

\* Phone Number: 310-277-3691

Fax Number: 310-277-3691

\* Email: LPREN@GLOBALNANOSYSTEMS.COM

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

Delete Attachment

View Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

|  |  |  |   |
|--|--|--|---|
| <b>APPLICATION FOR FEDERAL ASSISTANCE<br/>SF 424 (R&amp;R)</b>   |  | <b>2. DATE SUBMITTED</b><br>11/20/2009   | <b>App</b> <b>Identifier</b><br>        |
|  |  | <b>3. DATE RECEIVED BY STATE</b><br>   | <b>State Application Identifier</b><br> |
| <b>1. * TYPE OF SUBMISSION</b><br><input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application   |  | <b>4. Federal Identifier</b><br>   |   |
| <b>5. APPLICANT INFORMATION</b> <span style="float: right;">* Organizational DUNS: 143364623</span>  |  |  |   |
| * Legal Name: GLOBAL NANOSYSTEMS, INC.   |  |  |   |
| Department:  |  | Division:  |   |
| * Street1: 10327 MISSOURI AVENUE   |  | Street2: 202   |   |
| * City: LOS ANGELES  |  | County: LOS ANGELES  | * State: CA: Califor                    |
| Province:  |  | * Country: UNITED ST   | * ZIP / Postal Code: 90025-6902         |
| <b>Person to be contacted on matters involving this application</b><br>Prefix: * First Name: LIPING Middle Name: Last Name: REN Suffix:<br>* Phone Number: 310-277-3691 Fax Number: 310-277-3691 Email: LPREN@GLOBALNANOSYSTEMS.COM  |  |  |   |
|  |  |  |   |
| <b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b><br>65-1217077  |  | <b>7. * TYPE OF APPLICANT:</b><br>R: Small Business  |   |
| <b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision   |  | Other (Specify):<br>Small Business Organization Type<br><input type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged |   |
| If Revision, mark appropriate box(es).<br><input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration<br><input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)   |  | <b>9. * NAME OF FEDERAL AGENCY:</b><br>Chicago Service Center  |   |
| * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>What other Agencies?   |  | <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>81.049<br>TITLE: Office of Science Financial Assistance Program   |   |
| <b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>DEVELOPMENT OF HIGH EFFICIENCY FLEXIBLE POLYSILICON THIN FILM SOLAR CELLS  |  |  |   |
| <b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b><br>UNITED STATES   |  |  |   |
| <b>13. PROPOSED PROJECT:</b><br>* Start Date: 06/01/2009 * Ending Date: 02/28/2010   |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. * Applicant: CA-030 b. * Project: US-all  |   |
| <b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>   |  |  |   |
| Prefix: * First Name: LIPING Middle Name: Last Name: REN Suffix:<br>Position/Title: CHIEF TECHNOLOGY OFFICER * Organization Name: GLOBAL NANOSYSTEMS, INC.<br>Department: Division:<br>* Street1: 10327 MISSOURI AVENUE Street2: 202<br>* City: LOS ANGELES County: LOS ANGELES * State: CA: Califor<br>Province: * Country: UNITED ST * ZIP / Postal Code: 90025-6902<br>* Phone Number: 310-277-3691 Fax Number: 310-277-3691 * Email: LPREN@GLOBALNANOSYSTEMS.COM |  |  |   |

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 99,980.00

b. \* Total Federal &amp; Non-Federal Funds 99,980.00

c. \* Estimated Program Income 4,761.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/10/2009

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: LIPING Middle Name: \* Last Name: REN Suffix:

\* Position/Title: CHIEF TECHNOLOGY OFFICER \* Organization: GLOBAL NANOSYSTEMS, INC.

Department: Division:

\* Street1: 10327 MISSOURI AVENUE Street2: 202

\* City: LOS ANGELES County: LOS ANGELES \* State: CA: Californ

Province: \* Country: UNITED ST \* ZIP / Postal Code: 90025-6902

\* Phone Number: 310-277-3691 Fax Number: 310-277-3691 \* Email: LPREN@GLOBALNANOSYSTEMS.COM

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

Delete Attachment

View Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|   |                     |   |                                       |                             |
|---|---------------------|---|---------------------------------------|-----------------------------|
| 1. TYPE OF SUBMISSION:<br>Application   |                     | 2. DATE SUBMITTED<br>November 16, 2008  | Applicant Identifier                  |                             |
| <input type="checkbox"/> Construction   |                     | 3. DATE RECEIVED BY STATE   | State Application Identifier          |                             |
| <input checked="" type="checkbox"/> Non-Construction  |                     | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier<br>5-09-MC-06-0003 |                             |
| 5. APPLICANT INFORMATION  |                     |   |                                       |                             |
| Legal Name:   |                     | Organizational Unit:  |                                       |                             |
| City of Sacramento  |                     | Department:<br>Sacramento Housing and Redevelopment Agency  |                                       |                             |
| Organizational DUNS:<br>138400514   |                     | Division:   |                                       |                             |
| Address:  |                     | Name and telephone number of person to be contacted on matters involving this application (give area code)  |                                       |                             |
| Street:<br>630 I Street   |                     | Prefix:<br>Ms.  |                                       |                             |
| City:<br>Sacramento   |                     | First Name:<br>Suzanne  |                                       |                             |
| County:<br>Sacramento   |                     | Middle Name:  |                                       |                             |
| State:<br>California  |                     | Last Name:<br>Hammer  |                                       |                             |
| Zip Code:<br>95814  |                     | Suffix:   |                                       |                             |
| Country:<br>USA   |                     | Email:<br>hammers@saaccounty.net  |                                       |                             |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-0028230  |                     | Phone Number (give area code)<br>(916) 874-8325   |                                       | Fax Number (give area code) |
| 7. TYPE OF APPLICATION:<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)              |                     | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>Municipal<br>Other (specify)  |                                       |                             |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>14-2311   |                     | 8. NAME OF FEDERAL AGENCY:<br>U. S. Department of Housing and Urban Development   |                                       |                             |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Sacramento   |                     | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>2009 Emergency Shelter Grant   |                                       |                             |
| 13. PROPOSED PROJECT<br>Start Date:<br>January 1, 2009<br>Ending Date:<br>December 31, 2009   |                     | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>3rd, 4th, 5th, and 11th<br>b. Project<br>3rd, 4th, 5th, and 11th   |                                       |                             |
| 15. ESTIMATED FUNDING:  |                     | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |                                       |                             |
| a. Federal  | \$ 255,103.00       | b. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: November 14, 2008 |                                       |                             |
| b. Applicant  | \$ 0.00             | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                                       |                             |
| c. State  | \$ 227,109.00       | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                                       |                             |
| d. Local  | \$ 469,173.00       | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                                       |                             |
| e. Other  | \$ 0.00             | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                                       |                             |
| f. Program Income   | \$ 0.00             |   |                                       |                             |
| g. TOTAL  | \$ 952,475.00       |   |                                       |                             |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |                     |   |                                       |                             |
| a. Authorized Representative  |                     |   |                                       |                             |
| Prefix:<br>Ms.  | First Name:<br>Toni | Middle Name:<br>J.  |                                       |                             |
| Last Name:<br>Moore   |                     | Suffix:   |                                       |                             |
| b. Title:<br>Assistant Director Department of Human Assistance  |                     | c. Telephone Number (give area code)<br>(916) 875-3601  |                                       |                             |
| d. Signature of Authorized Representative   |                     | e. Date Signed<br>11-14-08  |                                       |                             |

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|   |  |   |                                       |             |
|---|--|---|---------------------------------------|-------------|
| 1. TYPE OF SUBMISSION:<br>Application   |  | 2. DATE SUBMITTED<br>November 15, 2008  | Applicant Identifier                  |             |
| <input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | 3. DATE RECEIVED BY STATE   | State Application Identifier          |             |
| Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier<br>B-09-MC-06-0003 |             |
| 5. APPLICANT INFORMATION  |  |   |                                       |             |
| Legal Name:   |  | Organizational Unit:  |                                       |             |
| City of Sacramento  |  | Department:<br>Sacramento Housing and Redevelopment Agency  |                                       |             |
| Organizational DUNS:<br>139400514   |  | Division:   |                                       |             |
| Address:<br>Street:<br>830 I Street   |  | Name and telephone number of person to be contacted on matters<br>involving this application (give area code)   |                                       |             |
| City:<br>Sacramento   |  | Prefix:<br>Mr.  |                                       |             |
| County:<br>Sacramento   |  | First Name:<br>Geoffrey   |                                       |             |
| State:<br>California  |  | Middle Name:  |                                       |             |
| Country:<br>USA   |  | Last Name:<br>Ross  |                                       |             |
| Zip Code:<br>95814  |  | Suffix:   |                                       |             |
| Email:<br>gross@shra.org  |  | Phone Number (give area code):<br>(916) 440-1322  |                                       |             |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-028238   |  | Fax Number (give area code):<br>(916) 444-2281  |                                       |             |
| 7. TYPE OF APPLICATION:<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters)<br>Other (specify)                     |  | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>Municipal<br>Other (specify)  |                                       |             |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>14-218  |  | 8. NAME OF FEDERAL AGENCY:<br>U. S. Department of Housing and Urban Development   |                                       |             |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Sacramento   |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>2009 Community Development Block Grant Projects  |                                       |             |
| 13. PROPOSED PROJECT<br>Start Date: January 1, 2009<br>Ending Date: December 31, 2009   |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>3rd, 4th, 5th, and 11th<br>b. Project<br>3rd, 4th, 5th, and 11th   |                                       |             |
| 15. ESTIMATED FUNDING:  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE<br>ORDER 12372 PROCESS?   |                                       |             |
| a. Federal \$ 5,490,094   |  | a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE<br>AVAILABLE TO THE STATE EXECUTIVE ORDER 12372<br>PROCESS FOR REVIEW ON<br>DATE: November 14, 2008 |                                       |             |
| b. Applicant \$ 0   |  | b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |                                       |             |
| c. State \$ 0   |  | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE<br>FOR REVIEW  |                                       |             |
| d. Local \$ 14,963,327  |  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                                       |             |
| e. Other \$ 2,980,928   |  | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                                       |             |
| f. Program Income \$ 184,514  |  |   |                                       |             |
| g. TOTAL \$ 23,610,003  |  |   |                                       |             |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE<br>DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE<br>ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |  |   |                                       |             |
| a. Authorized Representative  |  |   |                                       |             |
| Prefix<br>Ms.   |  | First Name<br>LaShelle  |                                       | Middle Name |
| Last Name<br>Dozier   |  | Suffix  |                                       |             |
| b. Title<br>Interim Executive Director  |  | c. Telephone Number (give area code)<br>(916) 440-1319  |                                       |             |
| d. Signature of Authorized Representative   |  | e. Date Signed<br>11/15/2008  |                                       |             |
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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|   |               |  |                              |   |
|---|---------------|--|------------------------------|---|
| 1. TYPE OF SUBMISSION:<br>Application   |               | 2. DATE SUBMITTED<br>November 15, 2008   | Applicant Identifier         |   |
| <input checked="" type="checkbox"/> Construction  |               | 3. DATE RECEIVED BY STATE  | State Application Identifier |   |
| <input type="checkbox"/> Non-Construction   |               | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier           |   |
| 5. APPLICANT INFORMATION  |               | B-09-MC-06-0003  |                              |   |
| Legal Name  |               | Organizational Unit:   |                              |   |
| City of Sacramento  |               | Department:<br>Sacramento Housing and Redevelopment Agency   |                              |   |
| Organizational DUNS:<br>138400514   |               | Division:  |                              |   |
| Address:  |               | Name and telephone number of person to be contacted on matters involving this application (give area code)   |                              |   |
| Street:<br>630 I Street   |               | Prefix:<br>Mr.   |                              |   |
| City:<br>Sacramento   |               | First Name:<br>Geoffrey  |                              |   |
| County:<br>Sacramento   |               | Middle Name  |                              |   |
| State:<br>California  |               | Last Name:<br>Ross   |                              |   |
| Zip Code:<br>95814  |               | Suffix:  |                              |   |
| Country:<br>USA   |               | Email:<br>gross@shra.org   |                              |   |
| 6. EMPLOYER IDENTIFICATION NUMBER (FIN):<br>04-6028238  |               | Phone Number (give area code)<br>(916) 440-1322  |                              | Fax Number (give area code)<br>(916) 444-2261 |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)              |               | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>Municipal<br>Other (specify)   |                              |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>TITLE (Name of Program):<br>Neighborhood Stabilization Program Grant  |               | 9. NAME OF FEDERAL AGENCY:<br>U.S. Department of Housing and Urban Development   |                              |   |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>City of Sacramento   |               | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>2008 Community Development Block Grant Projects   |                              |   |
| 13. PROPOSED PROJECT<br>Start Date:<br>January 1, 2009<br>Ending Date:<br>December 31, 2009   |               | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>3rd, 4th, 5th, and 11th<br>b. Project<br>3rd, 4th, 5th, and 11th                                    |                              |   |
| 15. ESTIMATED FUNDING:  |               | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   |                              |   |
| a. Federal  | \$ 13,284,829 | a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON |                              |   |
| b. Applicant  | \$ 0          | DATE: November 14, 2008  |                              |   |
| c. State  | \$ 0          | b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                              |   |
| d. Local  | \$ 24,600,000 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                              |   |
| e. Other  | \$ 0          | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   |                              |   |
| f. Program Income   | \$ 0          | <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No   |                              |   |
| g. TOTAL  | \$ 37,884,829 |  |                              |   |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |               |  |                              |   |
| a. Authorized Representative  |               |  |                              |   |
| Prefix<br>Ms  |               | First Name<br>LaShelle   |                              | Middle Name                                   |
| Last Name<br>Dozier   |               | Suffix   |                              |   |
| b. Title<br>Interim Executive Director  |               | c. Telephone Number (give area code)<br>(916) 440-1319   |                              |   |
| d. Signature of Authorized Representative   |               | e. Date Signed<br>11/15/2008   |                              |   |

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. TYPE OF SUBMISSION:<br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |  | 2. DATE SUBMITTED<br>November 15, 2008  |  | Applicant Identifier   |  |
| Pre-application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |  | 3. DATE RECEIVED BY STATE   |  | State Application Identifier   |  |
| 5. APPLICANT INFORMATION  |  | 4. DATE RECEIVED BY FEDERAL AGENCY  |  | Federal Identifier<br>S-09-UC-06-0005  |  |
| Legal Name:<br>County of Sacramento   |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/><br/> NOV 12 2008<br/><br/> STATE CLEARING HOUSE </div>  |  | Organizational Unit:<br>Department<br>Sacramento Housing and Redevelopment Agency  |  |
| Organizational DUNS<br>139400209  |  |   |  | Division:  |  |
| Address:<br>Street:<br>630 I Street   |  | Name and telephone number of person to be contacted on matters involving this application (give area code)  |  | Prefix: Ms. First Name: Suzanne  |  |
| City:<br>Sacramento   |  | Middle Name   |  | Last Name: Hammer  |  |
| County:<br>Sacramento   |  | Suffix:   |  | Email:<br>hammers@sacounty.net   |  |
| State:<br>California  |  | Zip Code:<br>95814  |  | Phone Number (give area code):<br>(916) 875-4325   |  |
| Country:<br>USA   |  | Fax Number (give area code):<br>(916) 874-4343  |  | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>Municipal<br>Other (specify)   |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-6000759  |  | 8. TYPE OF APPLICATION:<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters)<br>Other (specify)   |  | 9. NAME OF FEDERAL AGENCY:<br>U. S. Department of Housing and Urban Development  |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>14-231  |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>2009 Emergency Shelter Grant   |  | 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>County of Sacramento  |  |
| 13. PROPOSED PROJECT<br>Start Date:<br>January 1, 2009<br>Ending Date:<br>December 31, 2009   |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>3rd, 4th, 5th, and 11th<br>b. Project<br>3rd, 4th, 5th, and 11th   |  | 15. ESTIMATED FUNDING:   |  |
| a. Federal \$ 250,002   |  | b. Applicant \$ 0   |  | c. State \$ 0  |  |
| d. Local \$ 0   |  | e. Other \$ 0   |  | f. Program Income \$   |  |
| g. TOTAL \$ 250,002   |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: November 14, 2008<br>b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |  |   |  |  |  |
| a. Authorized Representative<br>Prefix: Ms. First Name: Toni Middle Name: Last Name: Moore  |  | b. Title<br>Director Department of Human Assistance   |  | c. Telephone Number (give area code)<br>(916) 875-3801   |  |
| d. Signature of Authorized Representative<br>[Signature]  |  | e. Date Signed<br>12-4-08   |  |  |  |

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APPLICATION FOR  
FEDERAL ASSISTANCE

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|---|---------------------------------------|---|------------------------------|-----------------------------|
| 1. TYPE OF SUBMISSION:<br>Application   |                                       | 2. DATE SUBMITTED<br>November 15, 2008  | Applicant Identifier         |                             |
| <input checked="" type="checkbox"/> Construction  | Pre-application                       | 3. DATE RECEIVED BY STATE   | State Application Identifier |                             |
| <input type="checkbox"/> Non-Construction   | <input type="checkbox"/> Construction | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier           |                             |
| <input type="checkbox"/> Non-Construction   |                                       | B-09-UC-06-0005   |                              |                             |
| 6. APPLICANT INFORMATION  |                                       |   |                              |                             |
| Legal Name:   |                                       | Organizational Unit:  |                              |                             |
| County of Sacramento  |                                       | Department:<br>Sacramento Housing and Redevelopment Agency  |                              |                             |
| Organizational OUNS:<br>139400514   |                                       | Division:   |                              |                             |
| Address:  |                                       | Name and telephone number of person to be contacted on matters<br>involving this application (give area code) |                              |                             |
| Street:<br>6301 Street  |                                       | Prefix:<br>Mr.  |                              |                             |
| City:<br>Sacramento   |                                       | First Name:<br>Geoffroy   |                              |                             |
| County:<br>Sacramento   |                                       | Middle Name   |                              |                             |
| State:<br>California  |                                       | Last Name<br>Ross   |                              |                             |
| Zip Code<br>95814   |                                       | Suffix  |                              |                             |
| Country:<br>USA   |                                       | Email:<br>gross@shra.org  |                              |                             |
| 6. EMPLOYER IDENTIFICATION NUMBER (FIN):  |                                       | Phone Number (give area code)   |                              | Fax Number (give area code) |
| 94-6000759  |                                       | (916) 440-1322  |                              | (916) 447-2281              |
| 8. TYPE OF APPLICATION:   |                                       |   |                              |                             |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision   |                                       |   |                              |                             |
| (If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)  |                                       |   |                              |                             |
| Other (specify)   |                                       |   |                              |                             |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  |                                       |   |                              |                             |
| 14-218  |                                       |   |                              |                             |
| TITLE (Name of Program):<br>Community Development Block Grant   |                                       |   |                              |                             |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):   |                                       |   |                              |                             |
| County of Sacramento  |                                       |   |                              |                             |
| 13. PROPOSED PROJECT  |                                       |   |                              |                             |
| Start Date:<br>January 1, 2009  |                                       | Ending Date:<br>December 31, 2009   |                              |                             |
| 15. ESTIMATED FUNDING:  |                                       |   |                              |                             |
| a. Federal  | \$                                    | 5,540,129.00  |                              |                             |
| b. Applicant  | \$                                    | 0.00  |                              |                             |
| c. State  | \$                                    | 1,760,000.00  |                              |                             |
| d. Local  | \$                                    | 10,998,479.00   |                              |                             |
| e. Other  | \$                                    | 32,452,441.00   |                              |                             |
| f. Program Income   | \$                                    | 1,674,897.00  |                              |                             |
| g. TOTAL  | \$                                    | 52,125,946.00   |                              |                             |
| 14. CONGRESSIONAL DISTRICTS OF:   |                                       |   |                              |                             |
| a. Applicant<br>3rd, 4th, 5th, and 11th   |                                       | b. Project<br>3rd, 4th, 5th, and 11th   |                              |                             |
| 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE<br>ORDER 12372 PROCESS?   |                                       |   |                              |                             |
| a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE<br>AVAILABLE TO THE STATE EXECUTIVE ORDER 12372<br>PROCESS FOR REVIEW ON<br>DATE: November 14, 2008   |                                       |   |                              |                             |
| b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE<br>FOR REVIEW  |                                       |   |                              |                             |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                                       |   |                              |                             |
| <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                                       |   |                              |                             |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE<br>DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE<br>ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |                                       |   |                              |                             |
| a. Authorized Representative  |                                       |   |                              |                             |
| Prefix<br>Ms.   |                                       | First Name<br>LaShelle  |                              | Middle Name                 |
| Last Name<br>Dozier   |                                       | Suffix  |                              |                             |
| b. Title<br>Interim Executive Director  |                                       | c. Telephone Number (give area code)  |                              |                             |
| d. Signature of Authorized Representative   |                                       | (916) 440-1319  |                              |                             |
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APPLICATION FOR  
FEDERAL ASSISTANCE

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|---|--|--|---------------------------------------|--|
| 1. TYPE OF SUBMISSION:<br>Application   |  | 2. DATE SUBMITTED<br>November 15, 2008   | Applicant Identifier                  |  |
| <input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | 3. DATE RECEIVED BY STATE  | State Application Identifier          |  |
| <input type="checkbox"/> Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |  | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier<br>B-09-UC-08-0005 |  |
| 5. APPLICANT INFORMATION  |  |  |                                       |  |
| Legal Name:<br>County of Sacramento   |  | Organizational Unit:<br>Department:<br>Sacramento Housing and Redevelopment Agency   |                                       |  |
| Organizational DUNS:<br>139400514   |  | Division:  |                                       |  |
| Address:<br>Street:<br>630 I Street   |  | Name and telephone number of person to be contacted on matters involving this application (give area code)   |                                       |  |
| City:<br>Sacramento   |  | Prefix:<br>Mr  |                                       |  |
| County:<br>Sacramento   |  | First Name:<br>Geoffrey  |                                       |  |
| State:<br>California  |  | Middle Name  |                                       |  |
| Zip Code:<br>95814  |  | Last Name:<br>Ross   |                                       |  |
| Country:<br>USA   |  | Suffix:  |                                       |  |
| Email:<br>gross@shra.org  |  | Phone Number (give area code):<br>(916) 440-1322   |                                       |  |
| Fax Number (give area code):<br>(916) 447-2261  |  | 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-600075A   |                                       |  |
| 7. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters)<br>Other (specify)                                       |  | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>Municipal<br>Other (specify)   |                                       |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>TITLE (Name of Program):<br>Neighborhood Stabilization Program Grant  |  | 9. NAME OF FEDERAL AGENCY:<br>U. S. Department of Housing and Urban Development  |                                       |  |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>County of Sacramento   |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>2009 Community Development Block Grant Projects   |                                       |  |
| 13. PROPOSED PROJECT<br>Start Date:<br>January 1, 2009<br>Ending Date:<br>December 31, 2009   |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant:<br>3rd, 4th, 5th, and 11th<br>b. Project:<br>3rd, 4th, 5th, and 11th  |                                       |  |
| 15. ESTIMATED FUNDING:<br>a. Federal: \$ 18,805,480<br>b. Applicant: \$ 0<br>c. State: \$ 0<br>d. Local: \$ 29,600,000<br>e. Other: \$ 0<br>f. Program Income: \$ 0<br>g. TOTAL: \$ 48,205,480  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: November 14, 2008<br>b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |                                       |  |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |  |  |                                       |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                               |  |  |                                       |  |
| a. Authorized Representative<br>Prefix:<br>Ms<br>First Name:<br>La Shelle<br>Middle Name:<br>Last Name:<br>Dozier<br>Suffix:<br>b. Title:<br>Interim Executive Director<br>c. Telephone Number (give area code):<br>(916) 440-1319<br>d. Signature of Authorized Representative:<br>e. Date Signed:<br>11/15/2008 |  |  |                                       |  |

Previous Edition Usable  
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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE VCE

## SF 424 (R&amp;R)

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 085845477

RECEIVED

NOV 13 2008

STATE CLEARING HOUSE

\* Legal Name: Aehr Test Systems

Department:

Division:

\* Street1: 400 Kato Terrace

Street2:

\* City: Fremont

County: Alameda

\* State: CA; Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 94539

Person to be contacted on matters involving this application

Prefix: \* First Name: David Middle Name: S. Last Name: Hendrickson Suffix:

\* Phone Number: 510-623-9400 x256 Fax Number: Email: dhendrickson@aeht.com

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-2424084

## 7. \* TYPE OF APPLICANT:

R: Small Business

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Nano-Inkjet Spring for Semiconductor Full Wafer Test

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Fremont, Alameda, California

## 13. PROPOSED PROJECT:

\* Start Date \* Ending Date

06/01/2009

03/01/2010

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-013

CA-013

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name: David Middle Name: S. Last Name: Hendrickson Suffix:

Position/Title: Vice President of Engineering

\* Organization Name: Aehr Test Systems

Department:

Division:

\* Street1: 400 Kato Terrace

Street2:

\* City: Fremont

County: Alameda

\* State: CA; Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 94539

\* Phone Number: 510 623-9400 x256 Fax Number: 510 623-9686 \* Email: dhendrickson@aeht.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 100,000.00  
b. \* Total Federal & Non-Federal Funds 100,000.00  
c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/13/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: David Middle Name: S. \* Last Name: Hendrickson Suffix:  
\* Position/Title: Vice President, Engineering \* Organization: Aehr Test Systems  
Department: Division:  
\* Street1: 400 Kato Terrace Street2:  
\* City: Fremont County: Alameda \* State: CA: Califon  
Province: \* Country: UNITED ST \* ZIP / Postal Code: 94539  
\* Phone Number: 510-623-9400 x256 Fax Number: Email: dhendrickson@aeht.com

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

## 21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

|  |                 |   |                              |                   |
|--|-----------------|---|------------------------------|-------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application   |                 | <b>2. DATE SUBMITTED</b>  | Applicant Identifier         |                   |
| <input checked="" type="checkbox"/> Construction   | Pre-application | <b>3. DATE RECEIVED BY STATE</b>  | State Application Identifier |                   |
| <input type="checkbox"/> Non-Construction  | Construction    | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   | Federal Identifier           |                   |
| <b>5. APPLICANT INFORMATION</b>  |                 |   |                              |                   |
| Legal Name:  |                 | Organizational Unit:  |                              |                   |
| Shasta County  |                 | Department:<br>Public Works   |                              |                   |
| Organizational DUNS:<br>8286311791   |                 | Division:<br>Development Services   |                              |                   |
| Address:   |                 | Name and telephone number of person to be contacted on matters involving this application (give area code)  |                              |                   |
| Street:  |                 | Prefix:   |                              |                   |
| 1655 Placer St.  |                 | First Name:<br>Al   |                              |                   |
| City:<br>Redding   |                 | Middle Name<br>Vincent  |                              |                   |
| County:<br>Shasta  |                 | Last Name<br>Calhey   |                              |                   |
| State:<br>CA   |                 | Suffix:   |                              |                   |
| Zip Code<br>96001  |                 | Email:<br>acathay@co.shasta.ca.us   |                              |                   |
| Country:<br>United States  |                 |   |                              |                   |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  |                 | Phone Number (give area code)   |                              |                   |
| 94-6000535   |                 | 530-245-6806  |                              |                   |
| <b>8. TYPE OF APPLICATION:</b>   |                 | Fax Number (give area code)   |                              |                   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  |                 | 530-225-5667  |                              |                   |
| If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)  |                 | <b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b>   |                              |                   |
| Other (specify) <input type="checkbox"/> <input type="checkbox"/>  |                 | B. County   |                              |                   |
|  |                 | Other (specify)   |                              |                   |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  |                 | <b>9. NAME OF FEDERAL AGENCY:</b>   |                              |                   |
| TITLE (Name of Program):   |                 | USDA-Rural Development  |                              |                   |
| 10-760   |                 | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  |                              |                   |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>   |                 | Shasta County Service Area #6, Elk Trail Water Improvement Project  |                              |                   |
| Jones Valley Community in Shasta County  |                 |   |                              |                   |
| <b>13. PROPOSED PROJECT</b>  |                 | <b>14. CONGRESSIONAL DISTRICTS OF:</b>  |                              |                   |
| Start Date:<br>July 2009   |                 | a. Applicant  |                              |                   |
| Ending Date:<br>October 2010   |                 | 2   |                              |                   |
| <b>15. ESTIMATED FUNDING:</b>  |                 | b. Project  |                              |                   |
| a. Federal \$ 3,000,000  |                 | 2   |                              |                   |
| b. Applicant \$  |                 |   |                              |                   |
| c. State \$ 7,000,000  |                 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>   |                              |                   |
| d. Local \$  |                 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON |                              |                   |
| e. Other \$  |                 | DATE: 11/13/08  |                              |                   |
| f. Program Income \$   |                 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                              |                   |
| g. TOTAL \$ 10,000,000   |                 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                              |                   |
|  |                 | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>   |                              |                   |
|  |                 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                              |                   |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                 |   |                              |                   |
| <b>a. Authorized Representative</b>  |                 |   |                              |                   |
| Prefix<br>Mr.  |                 | First Name<br>Patrick   |                              | Middle Name<br>J. |
| Last Name<br>Minlurn   |                 |   |                              | Suffix            |
| b. Title<br>Director of Public Works   |                 | c. Telephone Number (give area code)<br>530-225-5661  |                              |                   |
| d. Signature of Authorized Representative  |                 | e. Date Signed  |                              |                   |